

County: Outagamie
 PARKSIDE CARE CENTER
 1201 GARFIELD AVE

Facility ID: 7070

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LITTLE CHUTE 54140 Phone:(920) 788-5806
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 66
 Total Licensed Bed Capacity (12/31/04): 76
 Number of Residents on 12/31/04: 66

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 65

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No					1 - 4 Years	40.9
Supp. Home Care-Personal Care	No					More Than 4 Years	37.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.0		21.2
Day Services	No	Mental Illness (Org./Psy)	12.1	65 - 74	4.5		----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	45.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.4	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.5		----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	19.7		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	16.7	65 & Over	97.0	-----	
Transportation	No	Cerebrovascular	10.6		-----	RNs	5.3
Referral Service	No	Diabetes	9.1	Gender	%	LPNs	7.2
Other Services	No	Respiratory	3.0		-----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.3	Male	25.8	Aides, & Orderlies	
Mentally Ill	No		-----	Female	74.2	33.9	
Provide Day Programming for			100.0		-----		
Developmentally Disabled	No				100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.9	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Skilled Care	3	100.0	298	46	86.8	125	0	0.0	0	10	100.0	170	0	0.0	0	0	0.0	0	59	89.4
Intermediate	---	---	---	6	11.3	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		53	100.0		0	0.0		10	100.0		0	0.0		0	0.0		66	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.1	Bathing	0.0	68.2	31.8	66
Private Home/With Home Health	0.0	Dressing	3.0	75.8	21.2	66
Other Nursing Homes	6.1	Transferring	21.2	56.1	22.7	66
Acute Care Hospitals	79.8	Toilet Use	16.7	56.1	27.3	66
Psych. Hosp.-MR/DD Facilities	0.0	Eating	57.6	28.8	13.6	66
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.0	Continence		%	Special Treatments	%
Total Number of Admissions	99	Indwelling Or External Catheter	3.0	Receiving Respiratory Care		9.1
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	74.2	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	32.3	Occ/Freq. Incontinent of Bowel	40.9	Receiving Suctioning		0.0
Private Home/With Home Health	0.0			Receiving Ostomy Care		3.0
Other Nursing Homes	7.1	Mobility		Receiving Tube Feeding		4.5
Acute Care Hospitals	16.2	Physically Restrained	6.1	Receiving Mechanically Altered Diets		16.7
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		93.9
Other Locations	4.0	With Pressure Sores	7.6	Medications		
Deaths	40.4	With Rashes	0.0	Receiving Psychoactive Drugs		66.7
Total Number of Discharges (Including Deaths)	99					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.5	88.5	0.97	89.0	0.96	90.5	0.95	88.8	0.96
Current Residents from In-County	77.3	80.0	0.97	81.8	0.95	82.4	0.94	77.4	1.00
Admissions from In-County, Still Residing	22.2	17.8	1.25	19.0	1.17	20.0	1.11	19.4	1.15
Admissions/Average Daily Census	152.3	184.7	0.82	161.4	0.94	156.2	0.98	146.5	1.04
Discharges/Average Daily Census	152.3	188.6	0.81	163.4	0.93	158.4	0.96	148.0	1.03
Discharges To Private Residence/Average Daily Census	49.2	86.2	0.57	78.6	0.63	72.4	0.68	66.9	0.74
Residents Receiving Skilled Care	90.9	95.3	0.95	95.5	0.95	94.7	0.96	89.9	1.01
Residents Aged 65 and Older	97.0	92.4	1.05	93.7	1.04	91.8	1.06	87.9	1.10
Title 19 (Medicaid) Funded Residents	80.3	62.9	1.28	60.6	1.32	62.7	1.28	66.1	1.22
Private Pay Funded Residents	15.2	20.3	0.75	26.1	0.58	23.3	0.65	20.6	0.74
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	12.1	31.7	0.38	34.4	0.35	37.3	0.33	33.6	0.36
General Medical Service Residents	27.3	21.2	1.29	22.5	1.21	20.4	1.34	21.1	1.29
Impaired ADL (Mean)	52.4	48.6	1.08	48.3	1.08	48.8	1.07	49.4	1.06
Psychological Problems	66.7	56.4	1.18	60.5	1.10	59.4	1.12	57.7	1.16
Nursing Care Required (Mean)	5.1	6.7	0.77	6.8	0.75	6.9	0.74	7.4	0.69